

PATENT  
MAIL STOP ISSUE FEE

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of	Allowed August 20, 2009
Bernard RENZO	Conf. 8879
Application No. 10/538,648	Group 3679
Filed December 6, 2005	Examiner Aaron DUNWOODY

METHOD FOR A MAKING A CASING WITH PROTECTIVE BELLOWS FOR  
TRANSMISSION DEVICE AND CASING OBTAINED BY SAID METHOD

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents	September 25, 2009
P.O. Box 1450	
Alexandria, VA 22313-1450	

Sir:

Receipt is acknowledged of the Filing Receipt for  
Serial No. 10/538,648.

It is requested that a new Filing Receipt be issued on  
which the address of the inventor is correctly given as 19 TER,  
Rue Magenta LAVAL, FRANCE, as shown by the accompanying  
Supplemental Application Data Sheet.

Respectfully submitted,

YOUNG & THOMPSON

Benoit Castel

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(703) 979-4709

Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR MAKING A CASING WITH PROTECTIVE BELLOWS FOR TRANSMISSION DEVICE AND CASING OBTAINED BY SAID METHOD
Attorney Docket Number::	0526-1104
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name::  
Family Name:: RENZO  
Name Suffix::  
City of Residence:: NANTES LAVAL  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing ~~12, AVENUE DE L'ARCHIPEL~~  
Address:: 19 TER, RUE MAGENTA  
City of Mailing Address:: NANTES LAVAL  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: ~~F-44300~~ 53000

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/03653	12/10/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 15850	12/13/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::